

Diabetes and AAPIs

Diabetes mellitus poses a significant public health challenge for the US. Some 800,000 cases are diagnosed each year, and changing demographic patterns in the US are expected to increase the number of people at risk for diabetes and who eventually develop the disease. Diabetes is a chronic disease that usually manifests as one of two major types. In type 1, which occurs mainly in children and adolescents, the body does not produce insulin, and insulin administration is required to sustain life. In type 2, which usually occurs in adults over 30 years of age, the body's tissues become unable to use its own limited supply of insulin effectively. (US DHHS, 2000).

Adult-onset diabetes also has **strong physiologic ties to cardiovascular disease (CVD)**. The majority of patients with diabetes mellitus die of CVD complications rather than of causes associated directly with glucose control. (US DHHS, 2003).

Diabetes is a major clinical and public health challenge among certain racial and ethnic groups in which both new cases of diabetes and the risk of associated complications are great. Vulnerable and high-risk populations include Asian Americans and Pacific Islanders, elderly persons, and economically disadvantaged persons. Factors that account for this chronic disease epidemic include behavioral elements (e.g., increased fat consumption, decreased physical activity, obesity), demographic changes (aging, increased growth of at-risk populations), genetics, cultural and community traditions, and socioeconomic status. The level of patient knowledge and empowerment has a great impact on the disease burden associated with diabetes. (US DHHS, 2000).

Diabetes and obesity have been established as major health problems among AAPIs. Whether residing on their home islands or the US mainland, Samoans, native Hawaiians, and Micronesians are frequently affected by obesity and type 2 diabetes. (Crews, 1988; Crews et al., 1991; Pawson and Janes, 1981; Zimmet, 1979). AAPIs appear to be at increased risk for both obesity and type 2 diabetes whether they migrate to or are born in the US or adopt Western lifestyles in their homelands. Their risk of diabetes is significantly greater than that of Europeans or European Americans. (Crews, 1994).

Overweight and Obesity

Overweight and obesity are major contributors to many preventable causes of death. On average, higher body weights are associated with higher death rates. Those who are overweight or obese have a substantially higher risk of developing high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and breathing problems, and certain types of cancer. (US DHHS, 2000).

Adherence Factors

- **Most AAPI cultures value deference to authority.** In a medical setting, this traditional deference can interfere with communication. Patients may express deference by smiling or nodding, which providers may misinterpret as understanding and agreement. (Yu, 1999).

Suggestion

Prevention and education programs for AAPIs should address culturally specific issues (such as the presence of strong group and collective norms). Interventions should incorporate the patient's family and community, so that the patient gets support in adhering to the recommended behavior changes and medical treatment.

- Among AAPI communities, **language differences can be overwhelming.** AAPIs represent more than 43 nationalities and speak more than 100 different languages and dialects. (APIAHF, 1991). Diagnosis of obesity and type 2 diabetes and other morbid conditions is hampered when adequate medical histories cannot be obtained, and adherence to treatment regimens for type 2 diabetes is difficult when instructions are not understood because of language differences. (Crews, 1994).

Suggestion

Pace the delivery of information. As with all your patients, avoid overwhelming your AAPI patients with too much information. Assess the individual's ability to take in information, and decide how much information to present at one time. (Yu, 1999).

Suggestion

Use patient education materials in your patient's language, such as those in Chinese (for example, *Staying Healthy with Diabetes: A Guide for the Chinese American Community*) from the Joslin Diabetes Center.

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